

COMBINED DECLARATION & POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted After Initial Filing (37 CFR 1.16(e) Required)	Attorney Docket Number	
	First Named Inventor	Yan Gao
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	Filed Herewith
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Proton Exchange Membrane Materials Based on Sulfonated Poly(Phthalazinones)

the specification of which

☐ is attached hereto OR

☒ as filed on **09/25/2003** as United PCT International Application Number **PCT/CA2003/001399** and was amended on **04/19/2004**.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplementary priority data sheet (PTO/SB/02B) attached hereto:

**COMBINED DECLARATION & POWER OF ATTORNEY-
Utility or Design Patent Application**

Attorney Docket No.

I hereby appoint Practitioners at Customer Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

**Ira Dorman
330 Roberts St., Ste. 300
East Hartford
Connecticut, 06108
U.S.A.
Registration No. 24,469**

I hereby declare that all statements made herein of my own knowledge are true and that all statements were made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventorGiven Name (first and middle [if any]) **Yan**Family Name or Surname **Gao**

Inventor's Signature

Date

Residence: City **Ottawa**State **Ontario**Country **Canada**Citizenship **Canada**Mailing Address **125 Stewart Street, Apt. 308**City **Ottawa**State **Ontario**ZIP **K1N 6J3**Country **Canada****NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventorGiven Name (first and middle [if any]) **Michael D.**Family Name or Surname **Guiver**

Inventor's Signature

Date

Residence: City **Ottawa**State **Ontario**Country **Canada**Citizenship **Canada**Mailing Address **410 Byron Avenue**City **Ottawa**State **Ontario**ZIP **K1Z 6Z3**Country **Canada****NAME OF THIRD INVENTOR:**☐ A petition has been filed for this unsigned inventorGiven Name (first and middle [if any]) **Gilles P.**Family Name or Surname **Robertson**

Inventor's Signature

Date

Residence: City **Hull**State **Quebec**Country **Canada**Citizenship **Canada**Mailing Address **59 Du Bruant**City **Hull**State **Quebec**ZIP **J9A 2Y1**Country **Canada**☐ Additional Inventors are being named on the supplemental Additional Inventors sheet PTO/SB/02A attached hereto.

COMBINED DECLARATION & POWER OF ATTORNEY- Utility or Design Patent Application			ADDITIONAL INVENTOR(S) Supplemental Sheet 11280-01 US	
NAME OF FORTH INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Xigao			Family Name or Surname Jian	
Inventor's Signature			Date	
Residence: City Dalian, 116012	State P.R. China	Country China	Citizenship Chinese	
Mailing Address Zhongshan Road 158-42*				
City Dalian, 116012	State P.R. China	ZIP 116012	Country Canada	
NAME OF FIFTH INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname	
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address				
City	State	ZIP	Country	
NAME OF SIXTH INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname	
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address				
City	State	ZIP	Country	
NAME OF SEVENTH INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname	
Inventor's Signature			Date	
Residence:	State	Country	Citizenship	
Mailing Address				
City	State	ZIP	Country	